

07/05

Attorney Docket No. \_\_\_\_\_

**COMBINED DECLARATION AND POWER OF ATTORNEY  
FOR UTILITY OR DESIGN PATENT APPLICATION**

|As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**Data Consistency Validation**

the specification of which (**check only one item below**):

- is attached hereto.
- was filed as United States Patent application Number \_\_\_\_\_ on \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable).
- was filed as PCT International application Number \_\_\_\_\_ on \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §§ 119 (a)-(d), 172 or 365(a) of any foreign application(s) for patent or inventor's certificate or of any international (PCT) application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international (PCT) application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. §§119(a)-(d), 172 OR 365(a):			
COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (MM/DD/YYYY)	PRIORITY CLAIMED UNDER 35 U.S.C. §§119, 172 OR 365(a)
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Combined Declaration and Power of Attorney  
For Utility or Design Patent Application  
Attorney Docket No \_\_\_\_\_  
Page 2 of 4

I hereby appoint the attorneys and agents associated with the following PTO Customer Number of Buchanan Ingersoll PC (including attorneys from Burns, Doane, Swecker & Mathis) to prosecute said application and to transact all business in the Patent and Trademark Office connected therewith and to file, prosecute and transact all business in connection with international applications directed to said invention:

Customer Number 21839

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

<b>FULL NAME OF SOLE OR FIRST INVENTOR</b>		Thomas Werner
Signature		<i>Thomas Werner</i>
Date		~ 8 Sep. 2006
Residence (City, State, Country)		Baden, Switzerland
Citizenship		German
Mailing Address		Im Engel 10
City, State, ZIP, Country		CH-5404 Baden, Switzerland
<b>FULL NAME SECOND INVENTOR, IF ANY</b>		Claus Vetter
Signature		<i>Claus Vetter</i>
Date		~ 8 Sep. 2006
Residence (City, State, Country)		Buchs, Switzerland
Citizenship		German
Mailing Address		Lindenweg 3
City, State, ZIP, Country		CH-5033 Buchs, Switzerland
<b>FULL NAME OF THIRD INVENTOR, IF ANY</b>		Erik Svensson
Signature		
Date		
Residence (City, State, Country)		Zürich, Switzerland
Citizenship		Swede
Mailing Address		Rigistrasse 28
City, State, ZIP, Country		CH-8006 Zürich, Switzerland

**Buchanan Ingersoll PC**

ATTORNEYS

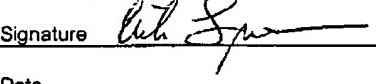
Including attorneys from Burns Doane Swecker & Mathis

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Customer Number 21839

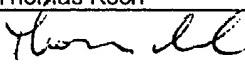
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon

<b>FULL NAME OF SOLE OR FIRST INVENTOR</b>		Thomas Werner
Signature		
Date		
Residence (City, State, Country)		Baden, Switzerland
Citizenship		German
Mailing Address		Im Ergel 10
City, State, ZIP, Country		CH-5404 Baden, Switzerland
<b>FULL NAME SECOND INVENTOR, IF ANY</b>		Claus Vetter
Signature		
Date		
Residence (City, State, Country)		Buchs, Switzerland
Citizenship		German
Mailing Address		Lindenweg 3
City, State, ZIP, Country		CH-5033 Buchs, Switzerland
<b>FULL NAME OF THIRD INVENTOR, IF ANY</b>		Erik Svensson
Signature 		
Date		5. Sep. 2006
Residence (City, State, Country)		Zürich, Switzerland
Citizenship		Swede
Mailing Address		Sempacherstrasse 29
City, State, ZIP, Country		CH-8032 Zürich, Switzerland

**Buchanan Ingersoll PC**  
ATTORNEYS

Including Attorneys from Burns Doane Swecker & Mathis

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<b>FULL NAME OF FOURTH INVENTOR, IF ANY</b>	
Signature	Thomas Koch 
Date	1-8, Sep. 2006
Residence (City, State, Country)	Zürich, Switzerland
Citizenship	German
Mailing Address	Triemlihalde 19
City, State, ZIP, Country	CH-8055 Zürich, Switzerland
<b>FULL NAME OF FIFTH INVENTOR, IF ANY</b>	
Signature	
Date	
Residence (City, State, Country)	
Citizenship	
Mailing Address	
City, State, ZIP, Country	
<b>FULL NAME OF SIXTH INVENTOR, IF ANY</b>	
Signature	
Date	
Residence (City, State, Country)	
Citizenship	
Mailing Address	
City, State, ZIP, Country	
<b>FULL NAME OF SEVENTH INVENTOR, IF ANY</b>	
Signature	
Date	
Residence (City, State, Country)	
Citizenship	
Mailing Address	
City, State, ZIP, Country	